

## City of Troy, Ohio

## Non-Residential Notification and Application Form Community Reinvestment Area Tax Exemption Program

5.66.	C	ed by the City of Troy, Ohio pursuant to O				
	me of business, home or main office address, contact person, and telephone number hadditional pages if multiple enterprise participants).					
	business name	contact person				
		telephone number				
	address					
b.	Project site:					
	street address	contact person				
	city lot number	telephone number				
<u>D08</u> -	tax parcel number					

Name of the pr	rincipal owner(s	s) of the busine	ess.		
	name				
	name		title		
	name		title		
	name				
Project Descrip					
			and be cor	mpleted	
Project will beg	gine total number of ct site (job creat temporary).	of new employ tion projections	ees the business s must be itemize	npleted intends to hire a	t the facility
Project will beg	gine total number o	of new employ tion projections	ees the business	intends to hire a	t the facility -time and
Project will beg  a. Estimate the that is the proje permanent and	gine total number of ct site (job creat temporary).	of new employ tion projections full-time	ees the business must be itemize part-time	intends to hire and by full and part	t the facility -time and
Project will beg  a. Estimate the that is the proje permanent and	gine total number of ct site (job creat temporary).	of new employ tion projections full-time	ees the business must be itemize part-time	intends to hire and by full and part	t the facility

7.	p		t be itemi		payroll such nev and part-time an				
			total payro	ll full-time	part-time	perman	ent te	mporary	
			\$	\$	\$	_ \$	\$	<del></del>	
	b. S	tate the ann	ual payroll	estimate for the	e projected hiring	j.			
			total payro	oll full-time	e part-time	permar	nent te	mporary	
		1st Yr.	\$	\$	\$	\$	\$		
		2nd Yr.S	\$	\$	\$	_ \$	\$		
		3rd Yr.	\$	\$	\$	_ \$	\$		
3.			the existing	facility as dete	ermined for local	property tax	es: \$		
9.	An estimate of the amount to be invested by the business to establish, expand, renovate or occupy a facility:								
	•	A. Acquisition of Buildings:							
	В.	•	ns/New Cor	<u> </u>				_	
	C.	C. Improvements to existing buildings:				\$			
	Total New Project Investment				\$			_	
10.	Does the Enterprise owe:								
	a. Any delinquent taxes to the State of Ohio or a political subdivision of the State?  YesNo								
				or a state age ne State? Yes_	ency for the adm	inistration o	r enforcem	ent of any	

	c. Any other moneys to the State, a state agency or a political subdivision of the State that are past due, whether the amounts owed are being contested in a court of law or not. YesNo
	d. If yes to any of the above, please provide details of each instance including but not limited to the location, amounts and/or case identification numbers (add additional sheets if necessary)
11.	a. Business requests a real property tax exemption of% for years.
	b. Business's reasons for requesting tax incentives (be quantitatively specific as possible).
12.	Does the project involve a structure of historical or architectural significance?
	() NO () YES - If yes, attach written certification or significance as issued by appropriate authority.
13.	The applicant shall provide annual investment and payroll information not later than February 15th for each year that the exemption is in place.

Submission of this application expressly authorizes The City of Troy, Ohio and/or Miami County, Ohio to contact the Ohio Environmental Protection Agency to confirm statements contained within this application including item #10 and to review applicable confidential records. As part of this application, the business may also be required to directly request from the Ohio Department of Taxation or complete a waiver form allowing the Ohio Department of Taxation to release specific tax records to the local jurisdictions considering the incentive request.

Submit a descriptive narrative as Exhibit 1 of the company which contains a brief history of the enterprise and explains what the company does.

Applicant agrees to supply additional information upon request.

The applicant affirmatively covenants that the information contained in and submitted with this application is complete and correct and is aware of the ORC Sections 9.66(C)(1) and

2921.13(D)(1) penalties for falsification which could result in the forfeiture of all current and future economic development assistance benefit as well as a fine of not more than \$1,000.00 and/or a terr of imprisonment of not more than six months.					
Name of the Business	Date				
Signature	Typed Name and Title				
STATE OF OHIO: COUNTY OF MIAMI: ss					
On this day of, 20 County, State of Ohio, personally appeared _ that they did sign the foregoing instrument an act and deed for the purposes therein expresse	_, before me, a Notary Public in and for Miami, and acknowledged d that the execution of said instrument is their voluntary ed.				
IN WITNESS WHEREOF, I have here on the date and year aforesaid.	eunto subscribed my name and affixed my official seal				
	Notary Public				